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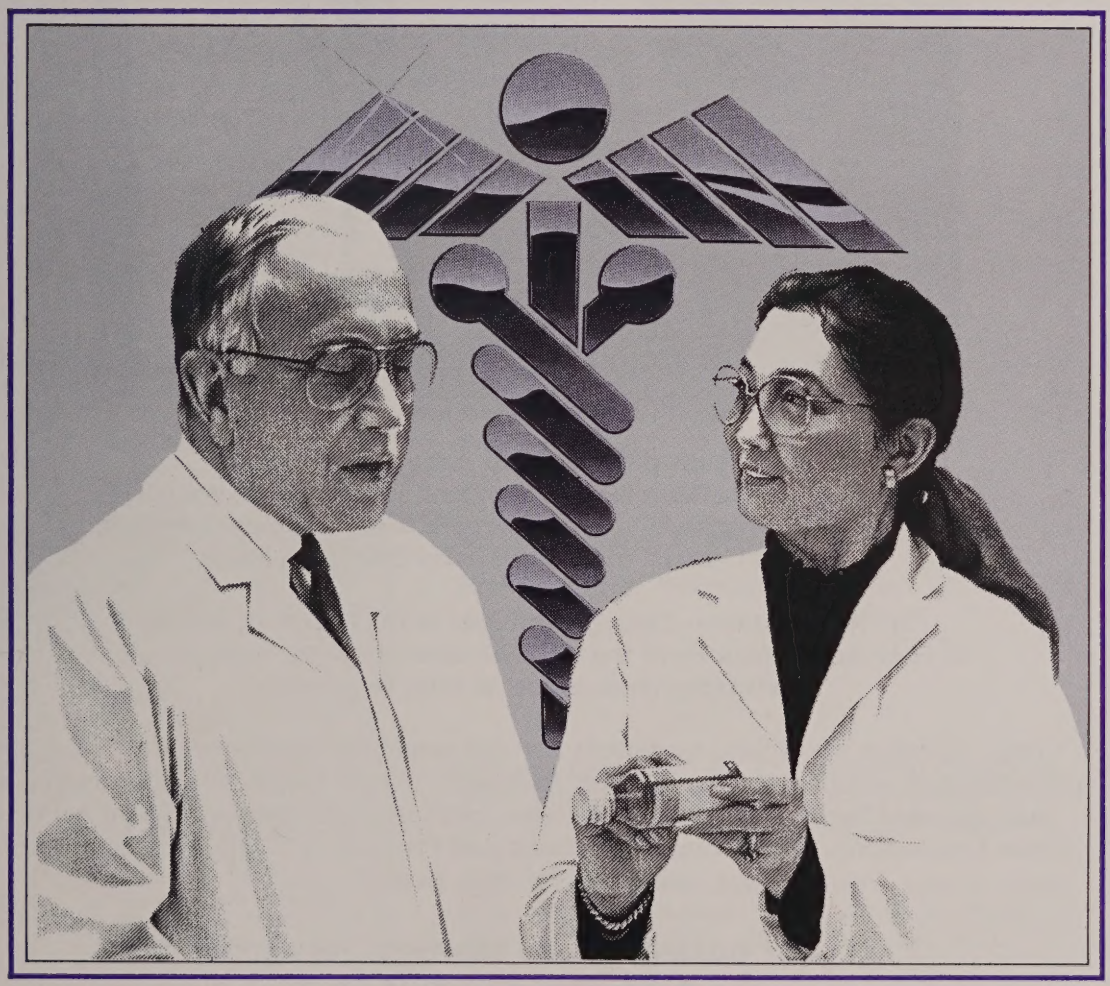

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THE
Hampden Hippocrat
JULY—AUGUST 1994

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DATE: Tuesday, October 4, 1994

BUSINESS MEETING: 6:00 p.m.

SOCIAL HOUR: 7:00 p.m.

DINNER: 7:30 p.m., SPOUSES ARE WELCOME!

SPEAKER: IRWIN W. KUZMAROV, M.D.

TOPIC: The Current Status of the Canadian Health Care System

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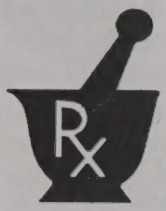

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From the Editor

This issue of the Hippocrat highlights some of the changes in leadership in organized medicine. Dr. Harry L. Greene has replaced Dr. William McDermott as executive vice president of the Massachusetts Medical Society. This comes at a time when MMS has opened up the process of bringing proposals to the agenda of its statewide meetings. Further changes in the composition and structure of the State Council now renamed the House of Delegates are in the works. Dr. Greene is coming to Springfield for the District Meeting October 4 and will be interviewed by **The Hippocrat.**

Vermont Governor Howard Dean, M.D. became chairman of the National Governors Association task force on health care during their meeting this summer in Boston. An interview with him is reprinted. And Lonnie Bristow, M.D. has become the first black president of the AMA. An article from his home state of California introducing him is offered.

The next two issues of the Hippocrat will deal with local formation of PHOs (Physician Hospital Organizations) and then for November—December 1994, topics in medical ethics.

Readers are invited to submit articles on those or other topics of general physician interest to me or the Hampden District office. ■

Brigid Glackin, M.D.
Editor

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Is The Grass Really Greener On The Other Side?

Alicia O. M. Ross, M.D., President

Recently I had the opportunity to visit the United Kingdom. The British Health Care System is also is the midst of change. The National Health Services is running out of funds so the hospitals are down-sizing and services are being cut. There are decreases in staffing and supplies, so there are dissatisfactions among patients, staff, and doctors alike. I spoke to a few British colleagues, and they tell me that they seem to want to adapt to the U.S. system. A number of insurance companies have been allowed to write policies for medical insurance. This is indeed suprising to me since there are several of our policy makers who are convinced of the benefits of the single payer system. This is the Canadian style that is basically similar to the British system. They are proposing legislation to adopt that system.

I accompanied a friend to pick up her relative at the hospital's outpatient after a day surgery. This patient walked out of the room alone and met us at the waiting area. We took her home. However, in the middle of the night she hemorrhaged from the operated site, and was admitted as an emergency. She stayed for three days. During a visit while she was hospitalized I got another opportunity to see the in-patient service of a National Health Service hospital. A few interesting observations: a) most of the rooms are large open wards with six or more patients; b) both male and female patients are in these wards; c) the nurse took the temperatures of the patients with the same thermometer. What is interesting though is that the nurse just rinsed the thermometer in plain tap water between uses (even our friend, the patient, noticed this). This may be an isolated instance, or it may be an example of austerity measures.

We are all aware that each system has its advantages and disadvantages. Wouldn't it make sense to incorporate these advantages into the new system? Most everybody agrees that changes are needed in the present health care system. However, we physicians must insure that whatever changes ultimately are wrought: quality of care is not sacrificed; physicians' medical decision making is not restricted; and the patient's freedom to choose his own physicians is not abrogated in the name of economics.

It is, therefore, imperative that all physicians be involved at this time. We all must try to educate our legislators on this very important topic. In addition, we should also inform our patients of the prinicipal contents of the varied proposals that are now being considered in Congress. A well informed patient is a wonderful ally. All patients must be encouraged to voice their opinion with a letter to their legislator. A phone call or a letter to a legislator can be informative and may influence his decision. ■

Physicians For Social Responsibility / Pioneer Valley, Mass.

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Physicians and non-physician members of PSR have a sense of responsibility. Please join us to work on issues of immediate concern to our community and the whole world.

Meetings are held the first Tuesday of the month in Conference Room C at the Cooley Dickinson Hospital. Contact us for more information. Thank You.■

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In Memoriam

Dr. Louis F. Derose, Ophthalmologist, 60, died Thursday, June 9, 1994 in Baystate Medical Center in Springfield. He began his practice in Westfield in 1964 and opened an office in Springfield in 1966. Most recently he was a staff member at Mercy Hospital and Springfield Municipal Hospital, both in Springfield, and at Noble Hospital in Westfield.

He was born in Springfield and lived in Westfield for several years before moving to West Springfield in 1968. He was graduated from Springfield's Cathedral High School in 1952 and received a bachelor's degree from Holy Cross College, Worcester, in 1956. He was graduated from Tufts Medical School of Boston in 1960 and completed a residency in ophthalmology in St. Louis, MO.

He was a member of the American Academy of Ophthalmology, the Massachusetts Medical Society, the Hampden District Medical Society and was active in the Radio Control Flying Club in Chicopee.

He leaves his wife, the former Mary Lou Fortin; two sons, Louis J. of Charlotte, NC, and Stephen F. of Minneapolis, Minn.; a daughter, Marie C. Derose of Green Bay, Wisc.; his mother, Columbia S. (Serafin) Derose of Springfield; and a brother, Laurence S. of Springfield.■

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AMA's First Black President Ready To Lead, To Fight, To Unite

The San Pablo Office where Lonnie Bristow, M.D., treats patients seems too humble for the man slated to be AMA's next president. The tiny, sparsely decorated reception area hardly has space for its six gold vinyl chairs and three end tables. The room looks unused, the magazines untouched.

Sitting behind a desk cluttered with papers, Dr. Bristow says he tries to see patients one day a week, but he isn't always successful. He points to a poster-sized calendar leaning against the wall. A black pen has claimed most days, suggesting a hectic schedule with little time for himself.

Dr. Bristow has been an activist for organized medicine and for the public's welfare.

Newly elected AMA President Elect, the 64-year-old internist has traded one-on-one time with patients for leadership of the nation's largest physician organization. For him, it's a worthy sacrifice.

"It doesn't take you long after you get out of a medical training program to realize that taking care of people one at a time is fine, but it's nice if you can take care of a whole community and do something that affects a whole lot of people," he says.

On the shelf behind Dr. Bristow are trophies from this past year's efforts on behalf of patients and the profession. In three different photographs, he shakes hands with President Clinton, Hillary Rodham Clinton, and Vice President Al Gore. As the 1993-1994 AMA Board of Trustees chairman, he became a leading spokeman on health system reform, pushing for universal coverage, greater physician involvement, antitrust relief, and professional liability reform. He has traveled the country, urging physicians to get involved in what he calls their "greatest fight of this century."

Dr. Bristow isn't afraid of a good fight. Throughout his career, he has battled for the greater good, even when he has had to take on government officials and large insurance companies. About 15 years ago, he learned that one of his patients, a woman who worked on a small company's cleaning crew, hadn't received disability benefits during her hospitalization. The $13-a-day payments would have put food on her family's table.

Through discussions with hospital staff, Dr. Bristow discovered that his patient had signed her daily disability checks over to the hospital as part of the admitting procedure. Further investigation showed that a large insurance company (which Dr. Bristow declined to name) had persuaded 90 percent of California hospitals to get patients to give up their benefits to help pay the bills. Angered, Dr. Bristow contacted several state lawmakers, who immediately began drafting legislation to stop the practice.

A month later, a hospital administrator gave Dr. Bristow a message from the insurance company's top executive: What would it take to get you to drop the issue?"

"It's very simple," Dr. Bristow responded. "Tell them to take their hands out of the pockets of my patients, and I'll leave it alone."

Born in New York City in 1930 and raised in Harlem, Dr.Bristow became interested in medicine when he was a child, helping his mother rewrite her nursing school notes. She later became an emergency room nurse. His father, now retired, was a Baptist minister.

After high school, he spent two years at the predominantly black Morehouse College in Atlanta, where he became an acquaintance of upperclassman Martin Luther King, Jr.

"We weren't close friends," Dr.Bristow says. "It was a small college, where everyone knew everybody else. He was a fun-loving, outgoing person who usually had at least a dozen friends around him."

At age 18, Dr. Bristow left Morehouse for a short stint in the navy, returning to college at his commanding officer's suggestion. "I was the sort of person who didn't do well having somebody else boss me around," he says, laughing.

Finishing his undergraduate work at the College of the City of New York in 1953, he received his M.D. degree in 1957 from New York University College of Medicine. Tired of New York City, Dr. Bristow interned at San Francisco General Hospital and spent part of his internal medicine residency at the city's V.A. Hospital. He then returned to New York to finish his residency because he wanted to make sure he hadn't made a mistake moving to the West Coast. "Within the first week or so of getting back there, I knew I didn't really care for it, and I wanted to come back to California," says Dr. Bristow, who will be AMA's first California president since C. John Tupper, M.D., in 1990.

He's been practicing there ever since, first in Stockton, then Richmond, then San Pablo, which is 15 miles north of Oakland. He lives in Walnut Creek with his wife, Marilyn, a nurse who serves as his office manager. Their son is a resident at John Hopkins Medical Center in Baltimore, and their daughter lives in the East Bay and works in child care. Dr. Bristow also has another daughter from an earlier marriage who works as a secretary in Oakland.

Since moving to California, Dr. Bristow has been an activist for organized medicine and for the public's welfare. Dwight Eisenhower lived in the White House when Dr. Bristow represented California at a national meeting on the federal government's swine flue vaccine. Unlike many other state representatives, he discouraged California from distributing the vaccine because he questioned its safety. Fortunately, state officials followed his advice. In other parts of the country, many people who took the vaccine developed Guillain-Barre's syndrome, which causes paralysis.

About 20 years ago, Dr. Bristow criticized government-funded sickle-cell anemia testing programs, saying they did not provide appropriate counseling and were unfairly stigmatizing people who had the sickle-cell trait. After testifying at a legislative hearing, he

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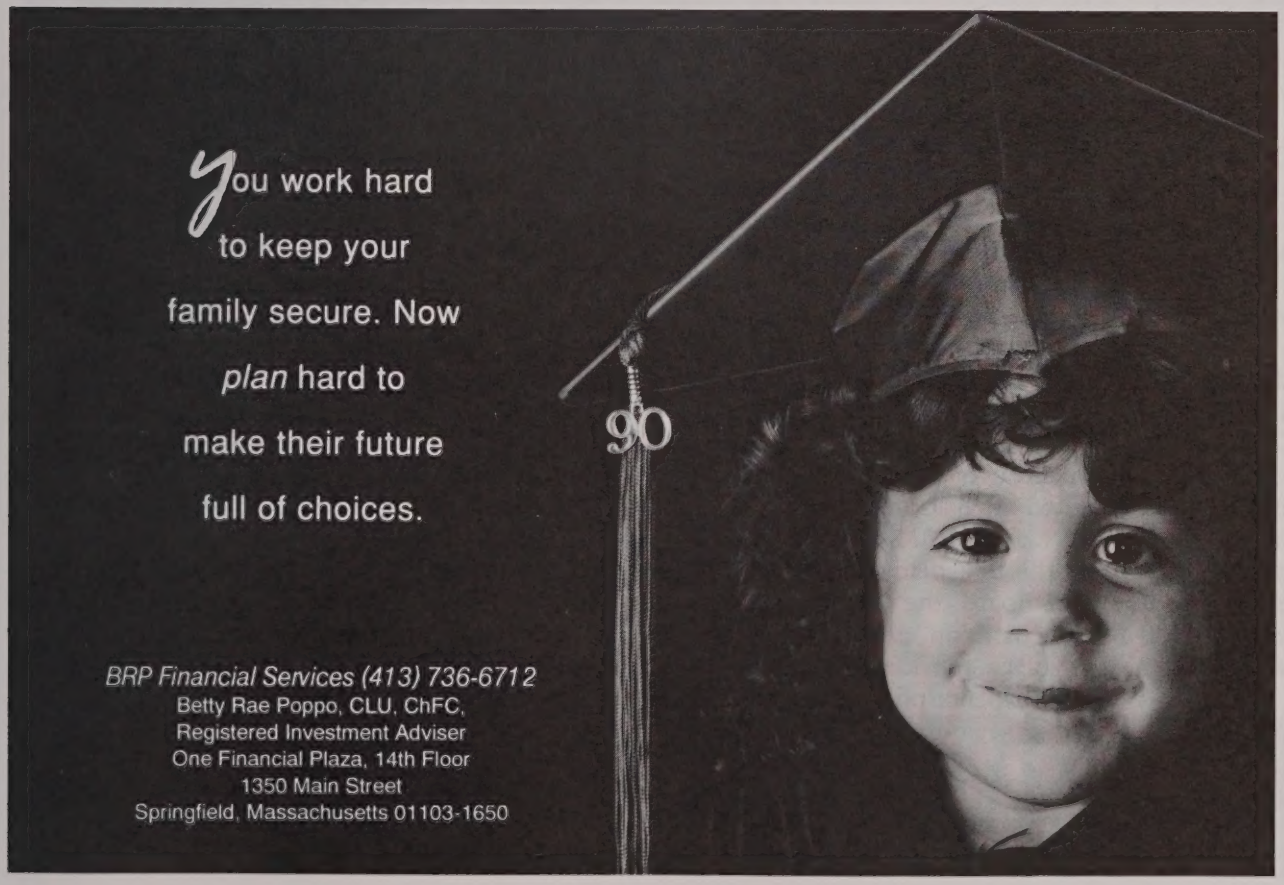

AMA President

Continued from previous page

attracted the attention of Gov. Jerry Brown, who asked him to chair an advisory committee charged with making recommendations to improve the program. Two years later, California came out with a testing program that other states soon emulated.

"You can move the elephant," Dr. Bristow says, "You can't do it in one day or one month, or sometimes in one year, but you can make things happen."

Over the years, he has held many leadership positions in organized medicine, including chairman of CMA's Internal Medicine Section, president of the California Society of Internal Medicine, and president of the American Society of Internal Medicine (ASIM). He became an AMA alternate delegate in 1978 and a delegate in 1981, representing ASIM. In 1979, he became a member of AMA's Council on Medical Service, which he chaired from 1983 until his election to the Board of Trustees in 1985. He became vice chairman of the Board in 1992 and chairman in 1993.

"It has been very rewarding to be a part of organized medicine." Dr.Bristow says. "You have the opportunity to promote your ideas and concepts and see if your peers accept them. When they become a policy of the organization and ultimately of the profession, it's very exciting."

In 1988, the U.S.Surgeon General appointed Dr. Bristow to serve on the federal Interagency Committee on Smoking and Health, and the U.S. Secretary of Health and Human Services asked him to serve on the Centers for Disease Control and Prevention's HIV Prevention Advisory Committee and on a Social Security advisory council in 1989. He has also served as the AMA Commissioner to the Joint Commission on Accreditation of Healthcare Organizations.

As he has risen through the AMA ranks, Dr. Bristow has attracted attention for being the first black to hold many of AMA's leadership positions: He was the first black physician elected to the AMA Board, the first black physician elected Board chairman, and next year, he will be AMA's first black president.

What is it like for a black physician to lead a predominantly white organization? "What being black means is that it gives you high visibility, and that assures you of a certain brief amount of attention," he says. "If you have some ideas or something of merit to promote, you'd better use that opportunity, but it is only good for about 10 or 15 seconds maximum. If you don't have something worth promoting in that period of time, they lose interest and then forget about it."

When he was first elected to the Board in 1985, Dr. Bristow says AMA provided tremendous opportunities for him to "improve the lot of all minorities, particularly blacks," Has he been able to do that? "The time I have spent has been very, very successful. I've done the things that I wanted to do... My objective was to make it so that my low-income patients could afford good, quality care, could get it without discrimination, and were not being taken advantage of. A lot of that has been accomplished, but there's a lot that has to be done."

Dr. Bristow is particularly proud of AMA's role in making sure that U.S. physicians in the mid-1980s knew the facts about HIV and that they knew they had an ethical obligation to treat HIV-infected people. He pushed hard for the Association to adopt a policy supporting indemnity insurance. He also supports AMA's work to end family violence and its position that the government should educate teenagers about family planning.

Another issue of great concern to Dr. Bristow is division within the profession. He intends to promote unity among physicians by adopting that topic as the theme of his presidency. "We're in a great deal of danger of being divided," he says. "Politicians in Washington have been working hard to divide the profession. Organizations within the profession also have tried to divide us, while they seek a temporary advantage over their colleagues."

In a moving, impassioned speech last February at the AMA National Leadership Conference in San Francisco, Dr. Bristow implored physicians to speak out against the forces trying to split the profession apart. He also encouraged them to fight for what's right, as he has tried to do throughout his career.

"Speak out for the unity of medicine," he said. "Speak out for the greater good in a single, powerful voice, always remembering to go for the glory, for the sake of our patients, for the sake of our profession, for the future of medicine itself." ■

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Gov. Howard Dean, M.D.
Health Care Reform In Vermont

Internist Howard Dean, M.D. was Vermont's Lieutenant Governor in August 1992 when Gov. Richard Snelling died of a heart attack. The new Democratic governor opted to give up his rural primary care practice and quickly made his mark as a physician politician by securing passage of the state's health system reform legislation, Act 160, the following spring.

Among its provisions, Act 160 committed Vermont to global budgeting, centralized health planning, universal access, physician bargaining groups, community rating for non-group insurers, mandatory arbitration in professional liability cases, and establishment of the Vermont Health Care Authority (VHCA), a three-person board appointed by the Governor. An initial task for VHCA was to design single-payer and multi-payer systems to present to the Legislature in November 1993.

Seventh-five percent of the voters had reelected Governor Dean in 1992. Such sizable support, however, did not sweep over the Legislature, which recently killed its rewrite of the health system financing bill he negotiated and supported. If reelected this November, Governor Dean, who also becomes chairman of the National Governors' Association's health care task force this summer, plans to push the bill again when the Legislature reconvenes in January. In a California Physician interview, he discussed physician and public opinions that influenced the health financing bill's creation, alternations, and setbacks.

Q When you suddenly became governor in 1991, you very quickly—in a matter of months—got your health system reform bill passed. How did that happen?

A I The public wanted to get something done about health system reform. There were some real problems that we had to fix. I was in a honeymoon period. I had obviously taken over the governorship under very difficult circumstances, and the Legislature was willing to give me a lot more latitude than it does now.

Q Did being a physician help?

A It did give and still does give me credibility on the issue. There are very few people in the country who are shaping health care and are actually taking care of patients, unfortunately.

Q A problem with national health system reform plans is that the public doesn't understand them. Did that happen in Vermont?

A Yes. In fact, we did not get our bill passed this year because of that. The public finds it very difficult to understand, and the special interests who attack it—including the people who favor a single-payer system—are able to go after the plan's weaknesses and complexity.

I know in California you have a single-payer initiative on the ballot. There's a chance that it might do well, because it's easy to sell. The public does not inderstand what such a bureaucracy will do to health care.

Q Do you think a single-payer plan has a chance in Vermont?

A No, I don't. It only got 29 votes in the Legislature. But my plan was killed in part by single-payer people who wanted another year to reorganize and try again. One message that the business community and the medical community simply haven't listened to is that they had better get on board with something like the Clinton plan now, because if they don't, the single payer is the odds-on alternative. And

Congress will pass single-payer. Congressman Pete Stark's bill already looks like single-payer. Its "Medicare for all," and I don't have to tell any physican what it's like to practice under Medicare. It's terrible.

Q How has organized medicine in Vermont reacted to your plan?

A They started out being extremely helpful, because (the Vermont Medical Society) had a very progressive leadership. That's changed, and they were not terribly helpful on our bill. They ended up liking the bill that we put forward, but they really were in a very negative posture.

They had a bad experience with our Health Care Authority, which was more bureaucractic than I had intended it to be, and they became fearful. The society also had a leadership change, which moved it more to the right. Although they continued to have a direct pipeline to my office whenever they wanted it, that didn't seem to be enough to calm them down.

Q What was the "bad experience" physicians had with the Authority?

A In the original legislation we passed, we allowed provider bargaining groups to have enough negotiating power to deal with disputes over reimbursement. The Health Care Authority was slow and not terribly responsive to or sympathetic with providers' nervousness about that issue. They were laggard about getting out the rules, which were very bureaucratic... But (physicians) didn't feel they were getting any answers, and there was not a level of trust that was necessary for them to feel comfortable about the Health Care Authority.

Q Were physicians to support your plan, how could they help most?

A They should be talking to their legislators. Their societies and organizations should be vigorously lobbying in favor of the bill.

The problem that out medical society had was not that they were vigorously opposing the bill at any time—they never were—but they complained so much about the provisions they didn't like that most people thought they were against the bill. What was lost in their message was "But, we really think it's important to pass this bill." By the time they got a bill they really liked, the membership wouldn't respond.

Q What kinds of compromises for physicians did the bill show in the end?

A From a physician's point of view, the final bill was terrific. It raised Medicaid rates, it provided a waiver so we could get underserved designation to raise Medicare (reimbursement) as well, and it gave physicians input into the governing structures of the Authority and the service networks. Physicians were very enthusiastic about it, but by that time the bill was terminal.

Q What else did the bill provide?

A The bill that was in the Senate was a stripped-down bill that would let people who already had insurance keep that insurance; it encouraged managed care; and it required employers to provide insurance. Employers had to provide 50 percent of the cost to be phased in gradually over 2 or 3 years, and there was a state subsidy for employees who were having a difficult time. We also required that self-employed have insurance, and we would help them, as well, on a sliding scale.

Q Your wife is a practicing internist?

A Yes. And we have frequent discussions about health care legislation at home, believe me.

We've both been shaped by a small rural primary care practice that we've run ourselves. We both have a healthy dislike of the Health Care Financing Administration and Medicare, because of the bureaucracy, and a healthy distrust of government-based programs because of Medicare. Medicare is a wonderful living, breathing example of why the federal government should never be allowed to run a national health care program. It's one of the reasons I fought so hard as a governor to have a state-based program proposed by the administration, and one of the reasons I so vigorously support the Clinton plan.

Q As a physician, does your wife agree with your plan?

A For the most part she does. One day last summer as we were putting together the bill, she came home and told me. "You know, if your bill passes, we're going to go broke." I can tell you, some of the parameters of the bill were changed the next day. ■

By Trish Beall, reprinted with permission, California Physician, Copyright July, 1994.

Practice Changes

Departures

Dr. Peter Reichen has closed his practice of neurology at 10 Hospital Drive, Holyoke, and relocated to Portland, Maine.

Dr. Paul Ryack has ceased practicing internal medicine at 10 Hospital Drive, Holyoke and relocated to Santa Barbara, California where his wife will be on the faculty of the University of California, Santa Barbara.

Arrivals

Dr. John Zeroogian has joined Drs. Thomas Race and David Pleet in the practice of Gastroentenology and Internal Medicine at 2150 Main Street, Springfield. Dr. Zeroogian is originally from Hampden.

Dr. Julie Silberstein has joined the Holyoke Hospital Emergency Department. Dr. Silberstein formerly practiced emergency medicine in Pittsfield and North Adams.

Dr. Emilio Melchionna has joined Drs. Lawrence Metz, Cornelius Toner and Michael Sorrell in the practice of Neurology at 80 Congress Street, Springfield.

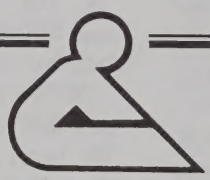
Other Changes

Dr. Robert Weiss has opened an independent practice of Gastroenterology at 10 Hospital Drive, Holyoke.

Dr. Morris Lainer has joined Drs. John McHugh, Patrick Boyce and James Mahoney in the practice of internal medicine at 10 Hospital Drive, Holyoke.

Dr. Frank Meyers has left the practice of Internal Medicine and Gastroenterology in Holyoke and will practice Gastroenterology with Amherst Medical Associates, Karser Health Plan, Amherst.

Please submit practice changes to Dr. Brigid Glackin, 780 Chestnut Street, Springfield, MA 01107 or to Hampden District Medical Society Office, 1111 Elm Street, West Springfield, MA 01089. Photos can be submitted. Forwarding addresses are welcome. ■



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Hampden Committee Activities

The Annual Meeting of the Hampden District Medical Society was held on April 26, 1994 at Storrowton Tavern's Carriage House. 85 members, spouses and invited guests attended. The Nominating Committee's report was presented by Dr. Gopal Malladi and the following physicians were voted in as the slate of officers: Alicia O. M. Ross, M.D., President; John J. Papale, M.D., President-Elect; Daniel Dress, M.D., Vice-President; David M. Chadbourne, M.D., Secretary; Alan M. Harvey, M.D., Assistant Secretary and John R. S. Remsberg, M.D., Treasurer.

Doctors John Bandeian, Frank Sirulnik and Eber Wein attended and were honored for 50 Years in Medicine.

Our speaker for the evening was Ms. Sandra Eagleton, President of the Community Foundation of Western Mass. Ms. Eagleton described the 3 year old organization which serves as a resource for charitable activities to help promote efficiency in the management of charitable funds.

The Pulbic Health Committee met in May. Ms. Barnes, our Public Relations Consultant, reported on the status of the Poster Contest and changes that have taken place in the past few years. Changes include: 1) Marion Merrell Dow is no longer able to contribute the money for the contest due to budgetary constraints. A grant has been submitted in conjunction with the Hampshire District Medical Society and the American Cancer Society asking for $120,000.00. The amount of $60,000.00 had been approved. 2) All schools, public, private and parochial in Hampden and Hampshire conties will be invited to participate. 3) Male and female anti-smoking Super heroes have been created.

Commissioner Williams reported that the Health Department has brought the non-smoking ordinance to the Springfield City Council. In order for the ordinance to pass, the votes of *five* City Councilors are needed. The Commissioner requested that the Society send letters of support to the nine City Councilors and this has been done.

The Medico-Religious Committee met in June to continue plans for the Medical Ethics Seminar to be held on October 19, 1994. Professor Arthur Syck of the Harvard Divinity School, will speak on the topic of "Assisted Suicide-End of Life Decisions". Our Panelists for the evening include, Reverend Bruce Benander, Attorney Theodore Brown, Ms. Beth Drummond, R.N., M.S., Rabbi Jerome Gurland and Dr. Robert Kasper.

The Executive Committee met in May and June. The next District Meeting will be held on October 4, 1994 at Betty's Old Towne House in Agawam. Dr. Irwin W. Kuzmarov of Canada will be speaking on the Canadian Health Care System.

Dr. Dennis Gordan will represent Hampden District Medical Society on the Massachusetts Medical Society's Tax Supported Medical Care Committee and Dr. Savvas Papazoglou will be his alternate representative. ■

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Press Releases

Information, Support Available on Osteogenesis Imperfecta

The Osteogenesis Imperfecta Foundation offers information to doctors and their patients with this genetic bone disorder.

Symptoms of osteogenesis imperfecta (OI) are bones that fracture easily, short stature, hearing loss, scoliosis and other deformities, brittle teeth and respiratory complications. Because the disorder is relatively rare, affecting about 30,000 Americans, a physician may see only one or two people with OI in his practice.

The OI Foundation offers accurate information about OI through literature, videos, a quarterly newsletter and biennial national conferences. Support services and funding for research are other services.

Physicians are encouraged to tell their patients with OI about the Foundation. For more information, contact the Osteogenesis Imperfecta Foundation, Inc., 5005 W. Laurel St., Suite 210, Tampa, FL 33607-3836, (813) 282-1161.

New Home Health Care Alliance Formed

The formation of Health Pathways of New England, Inc., a new home health care alliance, was announced by its Board of Directors. Established by nine Visiting Nurse Associations (VNA's), Health Pathway will provide high quality, price competitive, and comprehensive home health services to enrollees in managed care and other insurance plans. The nine VNA's which have formed this joint business venture are located in Boston, Worcester, Springfield, Holyoke, Braintree, Danvers, Lowell, Lawrence, and Brockton. Each VNA continues to operate independently outside of the business generated by this alliance.

Health Pathways will seek contracts on a shared risk basis with HMO's and other insurance plans to provide comprehensive home health services to their members. Initially, Health Pathways will serve Massachusetts, Southern New Hampshire, and Rhode Island and will expand throughout New England to meet the needs of managed care plans for services to match their geographic coverage. The organization is actively seeking managed care contracts.

Vestibular Disorders Support Group Formed

"Standing in a rocking canoe." "Walking on a floating dock." "Walking while looking through someone's bifocals." For persons with vestibular disorders and the accompanying prolonged dizziness, this is how everyday life is often described. It is also why a Vestibular Disorders Support Group was formed at Mercy Hospital. The group meets on the last Monday of each month from 7 to 9 p.m. in the Deliso Conference Center.

People who suffer from such chronic problems of dizziness often cannot participate in normal activities; have trouble concentrating, reading or writing; and can even become forgetful. This constant or intermittent vertigo can begin a vicious cycle of falls that can result in fractured hips, broken bones, and further debilitation.

In addition to gaining support from one another, members of the support group at Mercy Hospital learn more about their condition from key speakers who are arranged by the group's sponsor, the Weldon Center for Rehabilitation.

Lois Osetek, audiologist for Weldon's Hearing Center, said the group was formed because of increasing awareness of the need throughout

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the community. "We have been considering a vestibular rehabilitation program at Mercy Hospital, and felt that a support group was the best place to begin. Vestibular disorders actually require a team approach, involving occupational and physical therapists, psychiatrists, social workers, and physicians. It can be a complex disorder."

According to VEDA—Vestibular Disorders Association—up to 25 percent of the United States population have, or will have balance problems at some time in their lives. And though there can be many causes for this, often the problem lies in the vestibular system, the part of the inner ear that controls balance and body orientation.

Vestibular disorders include Meniere's Disease, Acoustic Neuroma, Perilymph Fistula (PLF), Bilateral Paroxysmal Positional Nystagmus (BPPN), Endolymphatic Hydrops, Trigeminal Neuralgia and Labyrinthitis. Persons suffering from other diseases which are accompanied by chronic dizziness or imbalance as a side effect or secondary symptom are welcome to join the support group at Mercy Hospital.

Family and friends are also welcome at the group meetings, which are offered at no cost. For more information, call 748-6840.

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Make Smoking History In Springfield

Dear Colleague,

The Executive Board of the Hampden District Medical Society voted on June 23 to ask you to join us in "Making Smoking History in Springfield."

You may be aware that the original ordinance brought before the Springfield City Council to ban smoking in all Springfield restaurants, to ban cigarette vending machines, and to limit smoking in bars to enclosed and ventilated areas was amended by the Council on Monday, June 13. The call for a ban on cigarette vending machines was disallowed and the call for smoke free restaurants cannot go into effect until eleven other communities write comparable ordinances. Two of those eleven communities have already banned vending machines; two others have passed ordinances, one of a paragraph, the other of thirty pages. **This amendment makes a mockery of the ordinance by creating an obstacle that makes it unlikely that it will ever take effect. The newly amended ordinance is scheduled to come up for vote in the Council on July 18.**

You know the hazards of smoking. Let me, however, refresh your mind with a few smoking facts. First, 11,000 Massachusetts residents die each year from tobacco related illnesses. Second, the EPA has said that second-hand smoke is the cause of 3800 lung cancer deaths annually and it is linked to increasing risk of bronchitis, pneumonia, asthma, middle ear and lung infections in children. Third, at current smoking rates, 100,000 Massachusetts youth who are alive today will die from smoke-related deaths. Finally, EPA administrator William Reilly in a report issued in 1992 states, "the risks associated with environmental tobacco smoke are at least an *order of magnitude* greater than they are for virtually any chemical or risk that the EPA regulates." You are probably also aware of the many well-controlled studies to support the above data.

Physicians must speak out against the hazards of smoking to our children, our youth and the general population at risk. **Your medical society executive committee asks you, as a first action, to take a few minutes from your busy schedule to *write to Springfield Mayor Markel urging him to veto the amended ordinance* should it be passed by the council when it comes up for vote on July 18. We believe the mayor will listen to your concern. Secondly, we ask you to include in your letter a strongly worded *request that the original ordinance be placed on the ballot in November so that the people of Springfield themselves may decide whether vending machines should be banned and whether restaurants should be smoke-free.***

We urge you to take this action today. As physicians, dealing daily with the effects of smoking and second-hand smoke in our patients, we must accept the challenge to do everything in our power to help to decrease the prevalence of smoking and prevent smoking related disease and death. Therefore, we must speak out against this amended ordinance and be the leading voice for the passing of the original smoke-free ordinance for the City of Springfield.

Please take this action without delay. Write to Mayor Robert Markel, Springfield City Hall, 36 Court Street, Springfield, MA 01103. Thank You.

Sincerely,
Alicia O.M.Ross, M.D.
President

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MMS Executive Briefs

Society Names New EVP

Harry L. Greene II, M.D., medical director of the Arizona Disease Prevention Center and an associate professor of medicine at the University of Arizona, will become the new executive vice president of the Massachusetts Medical Society on June 20. Doctor Greene, whose appointment was confirmed by the MMS Board of Trustees in early May, is succeeding William M. McDermott, Jr. M.D., who is retiring from the MMS executive vice presidency after nine years. "We are confident that Harry Greene can provide the MMS with outstanding leadership during these challenging times for medicine," said Francis X. Van Houten, M.D., MMS President. "Doctor Greene's long list of medical and academic accomplishments, as well as his experience in the public affairs arena, make him an outstanding choice for this demanding position."

Doctor Greene, a specialist in internal medicine, oncology, and preventive medicine, was the former associate chairman of medicine and director of the Division of General Medicine at the University of Massachusetts Medical Center in Worcester before moving to Arizona in 1989. A graduate of the University of Missouri Medical School, he completed his internship and residency at the Peter Bent Brigham Hospital and fellowships at the Dana-Farber Cancer Center in Boston and Harvard Medical School. Doctor Greene has long been active in the American College of Physicians and was a nominee for governor of that organization in 1992. That same year, he was national chair of the National Conference of the Society of General Internal Medicine. He received the 1993 Dean's List for Excellence in Teaching Clinical Sciences Award at the University of Arizona.

Doctor Greene will be a guest at the business meeting of the Hampden District on Tuesday, October 4, 1994.

AMA Adopts Mass. Resolutions on Media Violence, Gambling

Two resolutions generated by the Massachusetts delegation—to address media violence by use of the movie rating system and on the potential addictiveness of gambling—were approved by the American Medical Association's House of Delegates at its annual meeting in Chicago in June, 1994. The AMA House approved a Board of Trustees report on media violence and film ratings that grew out of a movie rating resolution proposed by the Massachusetts delegation and the New England delegation last year. The AMA was directed to urge the entertainment industry to make fundamental changes in the rating system to give consumers more precise information about violence and sexual content of motion pictures, television and cable programs,

Continued on next page

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MMS Executive Briefs

Continued from previous page

and other forms of video and audio entertainment. The AMA resolution recommends further refinement of the rating system to incorporate age classifications into the system that reflect important developmental periods during early childhood and adolescence (ages 3-7, 8 to 12, and 13 to 17 years) and development of a "Television Violence Code" to address issues related to all television violence (news and entertainment).

On the gambling resolution, the House directed the AMA to encourage states with gambling programs to provide a fixed percentage of revenues for education, prevention, and treatment of gambling compulsive behavior and to use warnings on lottery tickets and at lottery counters. The MMS House of Delegates approved a similar resolution last month. In other Massachusetts-related news, Resident Section member Priscilla J. Slanetz, M.D., was elected to a seat on the AMA Council on Scientific Affairs.

AMA Reinforces Pluralistic Approaches To Health Reform

Plurality in operation and financing was the theme of closely-watched votes in the AMA House in June on health system reform. The AMA House of Delegates voted to again reject endorsement of a single-payer health reform plan, reaffirming AMA policy that single-payer systems "are not in the best interests of the public, physicians, or health care of this nation." The House also voted to support pluralistic methods—including employer mandates, individual mandates,and use of tax-exempt medical saving accounts (Medical "IRAs")—to finance reform.

In other health reform news, an 'op-ed' on health system reform by MMS President Francis X. Van Houten, M.D. was published in the Cape Cod Times (June 14) and the Brockton Enterprise (June 19). Writing on the theme "Health System Reform: Doctors Just Want to be Doctors," Doctor Van Houten stressed when the debate over health system reform is ended, "the system that emerges will still be one in which patients come to doctors to get well—and the focus will still be on the interaction between patients and their doctors." The op-ed is also scheduled to appear in other daily newspapers in coming weeks. ■

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Specialty: Internal Medicine/Pediatrics Resident

Donna L. Mercado, M.D.
Department of Medicine
Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Born: July 21, 1958
Premed: Brown University, Providence, Rhode Island 1976-1980
Harvard University, Cambridge, Massachusetts 1980-1982
Medical: Brown University Program in Medicine 1982-1986
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The Last Word

The spring and summer have brought an onslaught of meetings to attend. As the hospitals struggle to compete with each other in their continuing internecine warfare, the new weapon is the aptly named PHO (say FOE), and there are PHO meetings at individual hospitals and super PHO meetings and meetings of physicians to consider organizing super groups to confront the PHO (say FOE). Several thoughts come to mind.

Thought #1 Perhaps Washington will never legislate health care reform at all and by 1997 the new system which will evolve will be the result of continued posturing by hospitals, insurance companies and physicians to anticipate the projected, imposed change.

Thought #2 There doesn't seem to be any way for physicians to organize and unite. Consider how different the interests of physicians are—the interests of private practice physicians versus physicians employed full time by the hospital or HMO, the interests of physicians in different specialties, the interests of primary care physicians versus specialists, the interests of solo practitioners versus single specialty groups, versus hospital based specialists, versus multispecialty groups. There doesn't seem any way that physicians can agree to act in concert to improve on the current situation for themselves and their patients.

Thought #3 There doesn't seem any way that physicians can fail to unite. Consider the goals—preservation of the doctor—patient relationship with a minimum of bureaucratic interference and micromanagement, freedom to give the highest quality of care to all patients regardless of social class, freedom from the intimidation of an arbitary and capricious tort system and fair and predictable payment for services rendered. There doesn't seem any way that physicians working together can fail to achieve these sweet, reasonable goals. ■ *BKG.*

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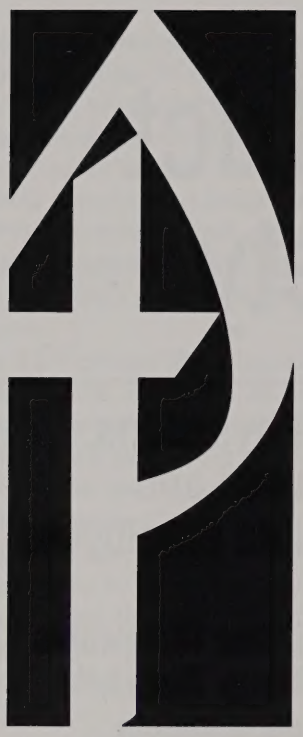

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